

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number 95-14447

Date Received: 10-15-09

Receipt No: N022480

Received By: mw

RECEIVED

OCT 15 2009

IDWR/North

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s) Scott D Briscoe Phone (208) 773 5508

Mailing Address 8158 N Vogt Rd Hauser Id Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) _____
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) NA
which is tributary to (b) NA

4. Location of Point of Diversion is: Township 51N, Range 6W, Section 24,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. 0-8625-001-001-A

Additional points of diversion if any: NA

If available, GPS coordinates: NA

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, Etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

5 C+ Steel inground Housing, Pressure tank

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from 01-01 to 12-31 amount .04 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 cfs (X) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 1 house

9. Location of Place of Use is: Township 51N, Range 6W, Section 24,
SE 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. Kad ¹⁹

for (Check One) Domestic (☒) Stock () Domestic and Stock ()

If different than shown in Item 4

Additional places of use, if any NA

10. In which county (ies) are lands listed above as place of use located? Kootenai

11. Do you own the property listed above as place of use? Yes (☒) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (☒)

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (☒) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do () do not (☒) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Leath Buisson Date: 10-13-09

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____

Address _____

Date _____

Last Name _____ Identification No. _____

BRISCOE PIN 0-8625-001-001-A



WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Al Vogt</u> Address <u>W-5755 Prairie Ave</u> <u>Hauser Lake Idaho</u> Owner's Permit No. <u>95-81-N-0001-000</u>	7. WATER LEVEL Static water level <u>60</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____																																																																																								
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____	8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ Discharge G.P.M. <u>Air Test</u> <u>Approx - 35 GPM</u> Pumping Level _____ Hours Pumped _____																																																																																								
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6"</td><td>0</td><td>2</td><td>Top Soil</td><td></td><td></td></tr><tr><td></td><td>2</td><td>9</td><td>Sandy Soil</td><td></td><td></td></tr><tr><td></td><td>9</td><td>19</td><td>Gravel (Course)</td><td></td><td></td></tr><tr><td></td><td>19</td><td>45</td><td>Fract. Granit.</td><td></td><td></td></tr><tr><td></td><td>45</td><td>50</td><td>Orange Clay (Fring.)</td><td></td><td></td></tr><tr><td></td><td>50</td><td>62</td><td>Quartz - (Hard)</td><td></td><td></td></tr><tr><td></td><td>62</td><td>68</td><td>Quartz - Granit Fract</td><td></td><td></td></tr><tr><td></td><td>72</td><td>80</td><td>Quartz - (Hard)</td><td></td><td></td></tr><tr><td></td><td>90</td><td>103</td><td>Quartz (Fract) w/Granit</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>Clay</td><td></td><td></td></tr><tr><td></td><td>103</td><td>118</td><td>Quartz - (Hard)</td><td></td><td></td></tr><tr><td></td><td>118</td><td>136</td><td>Granit - (Fract)</td><td></td><td></td></tr><tr><td></td><td>136</td><td>220</td><td>Granit</td><td></td><td></td></tr></tbody></table> 6 GPM @ 190 19 GPM @ 205 RECEIVED NOV 02 1989 Department of Water Resources	Hole Diam.	Depth		Material	Water		From	To	Yes	No	6"	0	2	Top Soil				2	9	Sandy Soil				9	19	Gravel (Course)				19	45	Fract. Granit.				45	50	Orange Clay (Fring.)				50	62	Quartz - (Hard)				62	68	Quartz - Granit Fract				72	80	Quartz - (Hard)				90	103	Quartz (Fract) w/Granit						Clay				103	118	Quartz - (Hard)				118	136	Granit - (Fract)				136	220	Granit		
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	10. Work started <u>9-10-81</u> finished <u>9-11-81</u>																																																																																								
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>39</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18</u> Material used in seal: ☐ Cement grout ☒ Pudding clay ☐ Well cuttings <u>Beach-nite</u> Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port <u>1/2" openings</u>	Thickness	Diameter	From	To	<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>39</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>J & J Drillers Inc.</u> Firm No. <u>319</u> Address <u>8613 S Linko Rd</u> Date <u>9-19-81</u> <u>Exton, WA.</u> Signed by (Firm Official) <u>Charles R. Johnson</u> and _____ (Operator) <u>Sam</u>																																																																				
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6. LOCATION OF WELL Sketch map location must agree with written location. N W E S County <u>K</u> <u>SE 1/4 SE 1/4 Sec. 24, T. 51 N, R. 6 W</u> Subdivision Name _____ Lot No. _____ Block No. _____ MICROFILMED AUG 29 1981	12. USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT																																																																																								

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COUNTRY BOY'S MOBILE HOMES

W. 2885 Seltice Way
P.O. Box 1088
Post Falls, Idaho 83854
(208) 773-4502



Pre Delivery Form

Customers Name Al Vogt

Address W 5755 Prairie ave.

Phone Number 773-9053

Date of Delivery 10-11-83 Est Time AM

Anything unusual or different about this set-up or delivery? No.

WE OUR TO INSTALL SHOWER - MAKE SURE IT
GOES IN BEFORE HOUSE PUT TOGETHER.

Which Furniture and appliances go? None

Furinture taken out goes? (Take out Refer)

Water hooked up to 10' to 3/4" galvinzed pipe? yes ☒ no ☐

Sewer hooked up to 10' with 3" ABS? yes ☒ no ☐

Tounge removed? yes ☒ no ☐

Tires pulled? yes ☒ no ☐

Axels pulled? Come Back To hot. yes ☒ no ☐

Keys on delivery? yes ☒ no ☐

One step furnished? (uninstalled 32" high) yes ☒ no ☐

How many 4" and 8" blocks used? 8's ☐ 4's ☐

How many ft. sewer? How many ft. copper?

Salecman

Customer

Service Manager

COUNTRY BOY'S MOBILE HOMES

W. 2885 Seltice Way
P.O. Box 1088
Post Falls, Idaho 83854
(208) 773-4502



Name AL Vogt

Street W 5755 Prairie Ave

City Post Falls State Idaho

Make Fleetwood Model Barrington Serial# 4989

Home is:

- A. Set exactly where I want.
- B. Set up to my satisfaction.
- C. Customer doing own hookups.
- D. Customer to install own tie downs and perimeter blocking if necessary.
- E. Customer has secured own permits.

Customer

Date